

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09/180432	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1		61						
2		1		1		1	62						
3		2		1		1	63						
4		2		1		1	64						
5		2		1		1	65						
6		2		1		1	66						
7		2		1		1	67						
8		2		1		1	68						
9		2		1		1	69						
10	1		1		1		70						
11		1		1		1	71						
12		2		1		1	72						
13		2		1		1	73						
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38							98						
39							99						
40							100						
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.	2		2		3		TOTAL IND.						
TOTAL DEP.	13		41		47		TOTAL DEP.						
TOTAL CLAIMS	15		43		50		TOTAL CLAIMS						